PRINTED: 03/23/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUI	DING	01	COMPL	ETED
155636 B. WIN					03/07/	2012	
			1		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER				1924 W	ELLESLEY BLVD		
HARRISON TERRACE			_		APOLIS, IN 46219		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY		DATE
K0000							
	ATIC C.C. C	1. D	K00	000			
	1	ode Recertification and	KU	000			
		Survey was conducted by					
		Department of Health in					
	accordance with	42 CFR 483.70(a).					
	Survey Date: 03	/07/12					
	Facility Number:	: 000241					
	Provider Number	r: 155636					
	AIM Number: 1	00291310					
	Surveyor: Mark	Caraher, Life Safety					
	Code Specialist	Curaner, Ene surety					
	Code Specialist						
	At this Life Sefe	ty Code survey, Harrison					
		-					
		nd not in compliance with					
	Requirements for	•					
		aid, 42 CFR Subpart					
	` / ·	Safety from Fire and the					
	2000 edition of t	he National Fire					
	Protection Assoc	ciation (NFPA) 101, Life					
	Safety Code (LS	C), Chapter 19, Existing					
	` `	upancies and 410 IAC					
	16.2.						
	This one story fa	cility was determined to					
	_	•					
	` ` `	00) construction and fully					
	sprinklered. The	facility has a fire alarm					
	system with smo	ke detection in the					
	corridors and in	all areas open to the					
	Corridor. The lac	cility does not have					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID:

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	OF CORRECTION	IDENTIFICATION NUMBER:  155636	A. BUII B. WIN	LDING	01	COMPL 03/07/	ETED
NAME OF I	NDOVADED OD GUIDDI IED		B. WIN		DDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER  HARRISON TERRACE					ELLESLEY BLVD APOLIS, IN 46219		
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Έ	(X5) COMPLETION DATE
	smoke detection	in resident rooms. The					
	facility has a cap	acity of 112 and had a					
	census of 105 at	the time of this visit.					
		Robert Booher, Life Safety dical Surveyor on 03/09/12.					
	The facility was	found not in compliance ntioned regulatory					

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	PLAN OF CORRECTION IDENTIFICATION NUMBER:  155636  A. BUILDING  D. WING		COMPLETED 03/07/2012				
		10000	B. WIN		ADDRESS STEVE STATE STATE SADE	00/01/	20.2
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
HARRISON TERRACE					/ELLESLEY BLVD APOLIS, IN 46219		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENC	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	E	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K0029	NFPA 101						
SS=E		ODE STANDARD					
		ed construction (with ¾ hour					
		or an approved automatic system in accordance with					
		3.5.4 protects hazardous					
		e approved automatic fire					
	extinguishing sys	stem option is used, the					
		ated from other spaces by					
		partitions and doors. Doors					
		and non-rated or field-applied that do not exceed 48					
		oottom of the door are					
	permitted. 19.3						
	•	ation and interview, the	K0029		The door closer was installed o	on	03/08/2012
		ensure 1 of 11 doors			3/8/12. All residents on that unit		
	•				have the potential to be affecte	ed	
		s areas such as storage			by the deficient practice. The		
	•	an fifty square feet in size			building was audited for areas		
		store combustible			needing closers. Safety meeti will cover this topic monthly to	ngs	
		oped with self closing			ensure this practice will not rec	cur.	
		ficient practice could					
	affect any resider	nt, staff or visitor in the					
	vicinity of the ac	tivities storage room near					
	Room 45.						
	Findings include:						
	Based on observation with the						
	Maintenance Dire	ector during a tour of the					
		20 a.m. to 12:35 p.m. on					
		ivities area storage room					
	· ·	easures sixty square feet					
		store combustible boxes					
		I the entry door to the					
		oped with a self closing					
	device. Based or	n interview at the time of					

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636	(X2) MULTIPLE CO  A. BUILDING  B. WING	01	— COMI	E SURVEY PLETED 7/2012		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
	acknowledged the room near Room than fifty square combustible supp	Maintenance Director he activities area storage he 45 measures greater feet, is used to store plies and the entry door is ha self closing device.						

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155636		A. BUILDING  B. WING		COMPLETED 03/07/2012			
		10000	B. WING				20.2
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
HARRISON TERRACE					VELLESLEY BLVD NAPOLIS, IN 46219		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENC	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K0144 SS=F	NFPA 101 LIFE SAFETY Co Generators are in exercised under month in accorda 3.4.4.1. Based on record of facility failed to exercise developments and the record of weekly starting batteries generator was may weeks. Chapter of requires storage to connection with experiments shall be not more than 7 comaintained in full manufacturer's specification with experiments shall be immediately upon Furthermore, NF checking storage electrolyte levels than 7 days. Charequires a written performance, exercipairs for the gemaintained and a having jurisdiction practice could affand visitors.  Findings include:	ODE STANDARD Inspected weekly and load for 30 minutes per ance with NFPA 99.  Treview and interview, the ensure a complete written inspections of the for the emergency antained for 51 of 52 3-4.4.1.3 of NFPA 99 patteries used in essential electrical inspected at intervals of days and shall be 1 compliance with pecifications. Defective repaired or replaced in discovery of defects.  PA 110, 6-3.6 requires batteries, including at intervals of not more expert 3-5.4.2 of NFPA 99 in record of inspection, ercising period, and inerator to be regularly vailable by the authority on. This deficient fect all residents, staff	K01		Batteries are now checked weekly along with electrolyte levels. All residents have the potential to be affected by the same practice. Batteries will be checked weekly and documen in the Preventative Measures documentation. Safety committee will address battery efficiency each month.	ted	03/15/2012
	Based on review	of Generator Load					

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	OF CORRECTION IDENTIFICATION NUMBER:  155636	A. BUILDING B. WING		COMPLETED 03/07/2012			
	PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE  1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH CO	OVIDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	Testing Log Sheet: Weekly Exercise" documentation with the Maintenance Director during record review from 9:10 a.m. to 10:20 a.m. on 03/07/12, weekly emergency generator starting battery inspection records for the fifty one week period of 02/24/11 through 11/24/11 and 12/08/11 through 03/01/12 was not recorded. Based on interview at the time of record review, the Maintenance Director acknowledged weekly emergency generator starting battery inspection records for the fifty one week period of 02/24/11 through 11/24/11 and 12/08/11 through 03/01/12 was not recorded.  3.1-19(b)						

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NAME OF PROVIDER OR SUPPLIER  HARRISON TERRACE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K0147 NFPA 101  STREET ADDRESS, CITY, STATE, ZIP CODE 1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219  INDIANAPOLIS, IN 46219  (X5) PREFIX (EACH CORRECTION GEACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  K0147 NFPA 101  SS=E LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY  COMPLETED		
NAME OF PROVIDER OR SUPPLIER  HARRISON TERRACE  (X4) ID  PREFIX  TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  K0147  SS=E  LIFE SAFETY CODE STANDARD  Electrical Code, 9.1.2  Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips was not used as a substitute for fixed wiring of a structure. This deficient practice could affect any resident, staff or visitor in the vicinity of the Memory Care Facilitator's office.  Based on observation with the Maintenance Director during a tour of the facility from 10.20 a.m. to 12.35 p.m. on 03/07/12, a refigerator and a coffee pot were plugged into a power strip in the Memory Care Facilitator's office.  Findings include:  Based on observation, the Maintenance Director acknowledged a refrigerator and a coffee pot were plugged into a power strip in the Memory Care Facilitator's office.  Facilitator's office.			A. BUII	LDING	01			
HARRISON TERRACE    1924 WELLESLEY BLVD     NDIANAPOLIS, IN 46219			155636	B. WING		03/07/	2012	
HARRISON TERRACE   INDIANAPOLIS, IN 46219   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   CASCH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   PREFIX   PROFITE RAND CORRECTION SHOULD BE CROSS REFERENCE TO THE APPROPRIATE   COMPILETON DATE	NAME OF P	PROVIDER OR SUPPLIER						
PREFIX TAG   REGULATORY OR ISC IDENTIFYING INFORMATION)   TAG	HARRISON TERRACE							
REFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION	(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
K0147  SS=E  ILIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips was not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect any resident, staff or visitor in the vicinity of the Memory Care Facilitator's office.  Findings include:  Based on observation with the Maintenance Director during a tour of the facility from 10:20 a.m. to 12:35 p.m. on 03/07/12, a refrigerator and a coffee pot were plugged into a power strip in the Memory Care Facilitator's office.  Findings include:  Based on observation with the Maintenance Director during a tour of the facility from 10:20 a.m. to 12:35 p.m. on 03/07/12, a refrigerator and a coffee pot were plugged into a power strip in the Memory Care Facilitator's office.  Findings include:  Based on observation with the Maintenance Director acknowledged a refrigerator and a coffee pot were plugged into a power strip in the Memory Care Facilitator's office.	PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	ATE	COMPLETION
SS=E  LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips was not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect any resident, staff or visitor in the vicinity of the Memory Care Facilitator's office.  Based on observation with the Maintenance Director during a tour of the facility from 10:20 a.m. to 12:35 p.m. on 03/07/12, a refrigerator and a coffee pot were plugged into a power strip in the Memory Care Facilitator's office.  Signal Refrigerator and coffee pot are now plugged directly into the wall and the power strip removed. All residents are facted by this practice. Rounds by the Executive Director will ensure this practice does not reoccur. Monthly safety meetings will discuss potential hazards and enact immediate remedy.  Signal Refrigerator and coffee pot are now plugged directly into the wall and the power strip removed. All residents are facted by this practice. Rounds by the Executive Director and Maintenance Director will ensure this practice does not reoccur. Monthly safety meetings will discuss potential hazards and enact immediate remedy.	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		NFPA 101 LIFE SAFETY Correlations accordance with Electrical Code. See the Electrical	ODE STANDARD and equipment is in NFPA 70, National 9.1.2 ation and interview, the ensure 1 of 1 extension ower strips was not used r fixed wiring. NFPA requires, unless atted, flexible cords and be used as a substitute of a structure. This e could affect any visitor in the vicinity of the Facilitator's office.  : ation with the ector during a tour of the 20 a.m. to 12:35 p.m. on gerator and a coffee pot to a power strip in the acilitator's office. Based the time of observation, Director acknowledged a the coffee pot were plugged to in the Memory Care	K01		now plugged directly into the and the power strip removed. residents are affected by this practice. Rounds by the Executive Director and Maintenance Director will ensithis practice does not reoccur Monthly safety meetings will discuss potential hazards and	wall All sure	03/09/2012

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636	(X2) MULTIPLE CC  A. BUILDING  B. WING	01	(X3) DATE COMP 03/07	
NAME OF F	PROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP COE ELLESLEY BLVD	DE .	
HARRISO	ON TERRACE			APOLIS, IN 46219		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION JLD BE ROPRIATE	(X5) COMPLETION DATE
ļ						

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